

CONDITION SATISFACTION APPLICATION

Initial Submittal Form



COUNTY OF SAN DIEGO • DEPARTMENT OF PLANNING AND LAND USE
 5201 RUFFIN ROAD, SUITE B, SAN DIEGO, CA 92123-1666 • (858) 565-5981 • (888) 267-8770
 FAX: (858) 495-5550 • www.sdcounty.ca.gov/dplu

Case Numbers	DPLU	DEH	PARKS
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM
_____	_____ F/D/TM	_____ F/D/TM	_____ F/D/TM
<i>DEPARTMENT USE ONLY</i>			
	_____ + DPLU	_____ + DEH	_____ + PARKS/OTHER
			TOTAL = _____

Project Name: _____

Project Number(s): _____

Project Address & Nearest Cross Street _____

Assessor's Parcel No _____

Financial Responsibility: Owner ☐ Applicant ☐ **Project Contact:** Owner ☐ Applicant ☐

Owner Name _____ **Phone** (____) _____

Address _____

City _____ **State** _____ **Zip** _____

Owner's E-mail Address _____ **Owner's Fax Number** (____) _____

Applicant Name _____ **Phone** (____) _____
(If different from owner.)

Address _____

City _____ **State** _____ **Zip** _____

Applicant's E-Mail Address _____

The following are required attachments to the Condition Satisfaction Application:

- ☐ A complete copy of the Resolution of Approval/Form of Decision with the proposed condition(s) highlighted.
- ☐ Evidence of compliance with Condition *(Please refer to the condition(s) language for specific evidence that will be required in order to satisfy the condition(s)).*
- ☐ List the Condition Numbers _____

Customer Comments:

I declare under penalty of perjury under the laws of the State of California that the statements made as part of this application are true and correct. I hereby agree to provide the indemnification as required by Chapter 2 of Division 6 of Title 8 of the San Diego County Code.

Signature of owner or Authorized Agent. If Agent signs, attach Letter of Authorization

Date

Print or type Signator's Name

DPLU#241R (05/12/08)



FOR DEPARTMENT USE ONLY

FOR QUESTIONS CONTACT PERMIT COMPLIANCE COORDINATOR, _____ (858) 694-3011

Kiva Project Number: _____

Is this a FEE Account? YES ☐ NO ☐ If yes, attach copy of receipt to this application

Is This a Deposit Account? YES ☐ NO ☐ If yes, KIVA ACCOUNT # _____

Technician Comments: _____

Technician Name *Date*

